CLAIMS ONLY

Application Number 08/877987

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 7-11-96		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		2				
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37						
38		3				
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41						
42						
43						
44		1				
45	1					
46						
47						
48						
49						
50						
Total Indep	10					
Total Depend	56					
Total Claims	66					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						